

DO NOT FAX TRAVEL

USE PHYSICAL ADDRESS ONLY NO POST OFFICE BOXES



TRAVEL EXPENSE REIMBURSEMENT PROCEDURES

The Division of Public Defender Training must comply with the MS Department of Finance and Administration (DFA) Travel Policy Rules & Regulations. If you have any questions, please contact Berenda Pendleton at 601-576-4210

Please mail your **signed** Travel Voucher to:

**STATE OFFICE OF PUBLIC DEFENDER
ATTN: Berenda Pendleton
P O Box 3510
Jackson, MS 39207**

Checklist:

- ☐ 1. Expense reimbursements are due within **THIRTY (30) DAYS**.
- ☐ 2. Please mail Travel Voucher and all original supporting receipts to the above address.
- ☐ 3. Please include your **NAME, and TITLE on both pages**
- ☐ 4. The **EXACT MEAL COST** for each meal must be entered as indicated *on the back* of your travel voucher under *Itemized Statement of Travel Expense*. **You must submit the itemized meal receipt for each meal that you are requesting reimbursement.** It is unacceptable to simply enter the allowed amount for each day. The total from *Daily Meals Allowed* is then entered *on the front* of the voucher under *NON -Taxable Meals*. The maximum amount allowed for meals in **Biloxi, MS** is **\$41.00** per day. Please be aware that when a **meal is furnished** at the conference you **cannot** be reimbursed.
- ☐ 5. The Current Reimbursement Rate for Mileage is \$.58 per mile.
- ☐ 6. Your signature must be in **ink** at the bottom of the voucher.

TRAVEL VOUCHER

State of Mississippi: _____
(Agency or Institution)

Employee SSN (Last 4): _____ PIN/WIN: _____

****Please Note: Employee SSN is optional. Only utilize if requested by agency.****

Name: _____ PID#: _____

Address: _____

Check One:	
Employee	
Contract Worker	
Board Member	

Trip Optimizer Attached	
Yes	
No	

Reason Why Trip Optimizer <i>is not</i> Attached	

I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from

Wednesday, November 13, 2019 to Friday, November 15, 2019. The itemized statement follows.

Check Box(es):	In-State		Out-of-State		Out-of-Country		PTE Request	
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Prior to Trip Expenses (PTE) Request:	
Lodging	
Public Carrier	
Registration	
Payment Information (Traveler complete, if known)	
Trip #	
Travel Voucher #	
SAAS Ag #	
SPAHS Ag #	
Fund #	
Activity / Location	
Org / Sub Org	
Rpt Category	
Project / Sub Proj	

Per Diem in Lieu of Subsistence	
Taxable Meals	
Non-Taxable Meals	
Lodging	
Registration	
Total Rental Cost	
Travel in Private Vehicle	
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Less: PTE Registration	
Net Payment (Overpayment)	

Subject to any difference determined by verification, I certify that the above claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.

Traveler: _____

Title: _____ Date: _____

Approved by: _____

Title: Director of Training Date: _____

Verified by: _____

Title: _____ Date: _____

PID#: _____

Taxable Meals											
Total											
		Overall Total Miles Calculated									
		Mileage Reimbursement Rate	0.580	(\$.58 if no state vehicle available and less than 100 miles per day are to be traveled; \$.20 if state vehicle is available)							
		Total Mileage Dollar Amount-Non Taxable									